

NOV 28 2006

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To: Examiner: Matthew J. Kasztejna From: Seth Weinfeld

Group Art Unit: 3739

Fax: 571-273-8300

Pages: 18

Phone:

Date: November 28, 2006

Re: USSN: 10/766,581
Filed: January 27, 2004
Inventor: Akio Uchiyama
Our Docket: 17406

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

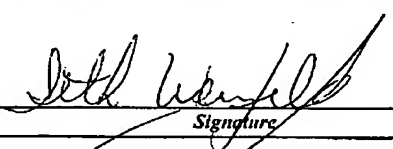
• **Comments:**

Attached for entry into the above application are:

- 1) Amendment Transmittal in duplicate
- 2) Supplemental Amendment
- 3) Transmittal of Information Disclosure Statement
- 4) Information Disclosure Statement with \$180.00 fee
- 5) Authorization to Charge Deposit Account \$180.00
- 6) Certificate of Facsimile Transmission

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17406	
Applicant(s): Akio Uchiyama						
Application No. 10/766,581	Filing Date January 27, 2004	Examiner Kasztejna, Matthew John	Customer No. 23389	Group Art Unit 3739	Confirmation No. 3837	
Invention: CAPSULE MEDICAL DEVICE						
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<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	27 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 19-1013 SSMP in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: November 28, 2006			
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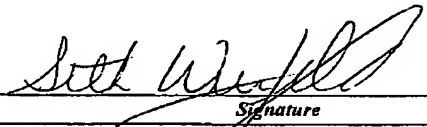
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INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
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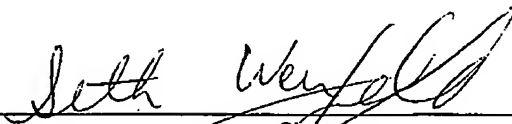
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Applicant:	Akio Uchiyama	Examiner:	Kasztejna, Matthew J.
Serial No:	10/766,581	Art Unit:	3739
Filed:	January 27, 2004	Docket:	17406
For:	CAPSULE MEDICAL DEVICE	Dated:	November 28, 2006

Confirmation No. 3837

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT AND RESPONSE UNDER 37 C.F.R. 1.111

Sir:

Supplemental to the Response filed on September 5, 2006 and further in response to the Official Action dated June 1, 2006, Applicant respectfully requests reconsideration of the application in view of the following amendments and remarks.

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Dated: November 28, 2006


Seth Weinfeld